

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90252 028 ***150.00

0583600 AV

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1. Entity Name
NU-IMAGE TILE DISTRIBUTORS, INC.



Principal Place of Business
**301 A MEARS BLVD.
OLDSMAR FL 34677**

Mailing Address
**P.O. BOX 794
OLDSMAR FL 34677**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3221282**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAW, BILL M
550 N. REO STREET
STE. 300
TAMPA FL 33609-1013**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **HOWE, PETER**
STREET ADDRESS **2538 PINETTA COURT**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **303 WOODWARD AVE.**
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE **DP** ☐ Delete
NAME **HOWE, MARK**
STREET ADDRESS **5904 SPRINGRUN COURT**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **508 PINE AVE. S.**
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE **ST** ☐ Delete
NAME **HOWE, ANN**
STREET ADDRESS **210 LIGHTHOUSE CT.**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **203 CORKWOOD LANE**
CITY-ST-ZIP **OLDSMAR, FL. 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)